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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Sudan

Proposed UNFPA assistance:	$13.5 million, $11 million from regular resources and $2.5 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	8.3	2.0	10.3
Population and development strategies	1.3	0.2	1.5
Advocacy	0.9	0.2	1.1
Programme coordination and assistance	0.5	0.1	0.6
Total	11.0	2.5	13.5

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SUDAN

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	86	≥60
Contraceptive prevalence rate (%)[2]	8	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	52.1	≤65
Infant mortality rate (per 1,000 live births)[5]	71	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	38	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	31,809	Annual population growth rate (%)	2.30
Population in year 2015 (000)	42,433	Total fertility rate (/ woman)	4.47
Sex ratio (/100 females)	101	Life expectancy at birth (years)	
Age distribution (%)		Males	55.6
Ages 0-14	40.1	Females	58.4
Youth (15-24)	19.7	Both sexes	57.0
Ages 60+	5.5	GNP per capita (U.S. dollars, 1998)	290

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 2002-2006 to assist the Government of Sudan in achieving its health and development goals. UNFPA proposes to fund the programme in the amount of $13.5 million, of which $11.0 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $2.5 million from co-financing modalities and /or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the fourth programme of assistance to Sudan, a "Category A" country in the Fund's resource allocation system.

2. The proposed programme was developed in consultation with the Government of Sudan, United Nations agencies and non-governmental organizations (NGOs), taking into consideration the national comprehensive development strategy (1992-2002), the Sudan programme of action for development (2001-2010) and the Government's reproductive health policies, priorities and strategies. The programme also takes into account the current political environment, which is supportive of campaigns to prevent female genital mutilation (FGM) and the spread of HIV/AIDS. In addition, the proposed programme reflects the findings and recommendations of the mid-term review meeting and the recent Country Population Assessment, both of which involved the Government and NGOs. The draft United Nations Plan of Action, a combination of the modified Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF), and the findings of a UNFPA-sponsored national safe motherhood survey of 1999 were also taken into account. The programme cycles of UNFPA, UNDP, UNICEF and WFP have been harmonized.

3. The goal of the proposed programme is to help the Government create a peaceful environment conducive to the fulfilment of the right of the Sudanese people to survival, development and equal participation in development. UNFPA support would complement that of other United Nations agencies in meeting basic social rights; strengthening emergency preparedness; rehabilitating and developing productive sectors of the economy and promoting sustainable livelihoods; and strengthening the law and promoting respect for human rights.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Over 90 per cent of the Sudanese people live below the poverty line, which is measured by the percentage of the population living on less than $1 per day. The number of impoverished people has increased dramatically in the last 30 years: from 52 per cent in 1968 to 91 per cent in 1993. In the most recent Human Development Index, Sudan ranks 143 out of 174 countries. The high prevalence of poverty contributes to high maternal and infant death, widespread malnutrition and poor quality health care. Unfavourable economic circumstances have led to a high dropout rate of students from primary

school and low enrolment in secondary school. On a positive note, the disparity in literacy rates between boys and girls has improved in recent years.

6. The maternal mortality ratio is estimated at 509 per 100,000 live births, not significantly improved from the previous decade. Similarly, the infant mortality rate has remained around 70 per 1,000 live births over the past 10 to 15 years. Although health service delivery points have increased in numbers in recent years, most of them are non-functional or poorly functional due to lack of skilled manpower, shortage of equipment and drugs, and inefficient management. Lack of transportation to hospitals in times of emergency has remained as a serious constraint to saving lives.

7. The total fertility rate is 5.9, with large variations by level of education and place of residence. This high rate has contributed to high maternal morbidity and mortality. Contraceptive prevalence has remained low at 7 per cent while knowledge of contraception is 61 per cent. Lack of emphasis by politicians and religious leaders regarding contraceptive use; poor contraceptive procurement and logistics management; and regulatory barriers to promoting contraceptives are some of the contributing factors to the low use of contraceptives.

8. FGM is still a dominant cultural practice that affects the health of women and girls. In 1999, the prevalence of FGM was around 90 per cent, indicating no change in practice during the past decade. After the ratification of the Convention on the Rights of the Child in 1992, eradication of FGM was included as a strategic aim in the Government's comprehensive national strategy for 1992-2002. A national committee was formed at the Federal Ministry of Social Welfare to coordinate the activities of the implementing agencies. Its strategy, however, was not implemented rigorously.

9. The country's geographic location, a long civil war, ethnic conflicts, large internally displaced populations and international migration have made Sudan vulnerable to HIV/AIDS. The number of diagnosed HIV/AIDS cases is believed to be under-reported. One estimate puts the figures at 7,245 cases of HIV infection and 3,683 AIDS cases. However, WHO model-based projections carried out by the Sudanese national AIDS office suggest that 400,000 people are infected with HIV. Most HIV transmission is heterosexual; a small percentage is caused by infected blood and mother-to-child transmission. Reproductive tract infections, including STIs, are increasing, as is the incidence of infertility.

10. Rural-urban migration has remained a major concern for policy makers and planners. Eighty-three percent of the total population of Sudan inhabits the northern states, of which 35 per cent are concentrated in two areas, Khartoum and the Central States. The number of war-displaced southerners settling in the northern states is now estimated at 2 to 3 million. The civil war, drought and poverty have further reinforced the population concentration in a few towns. Roughly 300,000 southerners were reported to have migrated to neighbouring countries. Moreover, Sudan is host to considerable numbers of refugees from neighbouring countries.

11. Less than one hospital and roughly 79 hospital beds are available for every 100,000 people. There is one primary health-care for every 40,000 people – well above the target of 1:20,000. Except for a slight improvement in tetanus toxoid immunization coverage, there has been little change in the utilization of antenatal and professional delivery care over the past 10 years. Half of all pregnant women

fail to receive any delivery care by a skilled birth attendant, and about 30 per cent of pregnant women do not receive antenatal care. Utilization of such services is largely determined by a woman's level of education and place of residence.

12. The Government has introduced decentralization as an appropriate system of governance compatible with the needs of the multi-ethnic and multicultural society. However, the success of the decentralization system depends on avoiding overlapping responsibilities between the three levels of government and the ability of local authorities to raise financial resources. Administrative changes as part of the decentralization process have led to deficiencies in terms of development planning, poor coordination and integration of plans among public and parastatal organs of the Government and between the federal and state governments.

Previous UNFPA assistance

13. Prior to its first country programme, UNFPA supported the country's first national census in 1973 and maternity-centred maternal and child health and family planning services. Based on the recommendations of the 1978 Basic Needs Assessment Mission, the first country programme (1980-1985) was approved in the amount of $7.1 million. The second country programme (1987-1991) was approved in the amount of $8 million. An additional $300,000 was allocated in 1989. An interim country programme (1992-1993) was approved in the amount of $5.5 million, which was extended to the end of 1994. This was followed by a second interim country programme (1995-1996) with a total allocation of $6.05 million.

14. The interim country programmes succeeded in varying degrees in strengthening national institutions dealing with population activities and in providing major support for data collection and analysis and training in the area of population. Government institutions, various United Nations agencies and NGOs were among the users of the population data collected and analysed under the UNFPA-supported projects. In the period 1992-1994, UNFPA was the major supplier of contraceptives to Sudan, as bilateral donors stopped assistance to the country. UNFPA support was instrumental in completing the 1993 population and housing census and establishing a database on human resources; in integrating population issues into the educational curricula; in disseminating population information to various parts of the country; and in enhancing women's management and marketing skills and increasing their incomes.

15. The third country programme (1997-2001) funded reproductive health programmes in eight states and supported a large-scale national advocacy subprogramme and a population and development strategies subprogramme. Although the reproductive health and advocacy subprogrammes had major achievements, the population policy component of the population and development strategies subprogramme did not reach its objectives. UNFPA also supported the national AIDS programme through training of service providers and provision of awareness creation materials. The third country programme succeeded in building 16 reproductive health clinics, training paramedical staff, providing equipment and, to some extent, distributing contraceptive supplies.

Lessons learned

16. In spite of the generally low quality of reproductive health services in the country, the Directorate of Reproductive Health at the Federal Ministry of Health has shown serious commitment towards improving service quality, particularly at the organizational and managerial levels. However, the ministry has not been able to keep pace with replacing the substantial outflow of skilled reproductive health managers and service providers at all levels. It is vital that the ministry play a leading role in replenishing the staff and building the capacity of managers and supervisors in planning, implementing and monitoring quality reproductive health services.

17. Strengthening the referral system for emergency obstetric care is critical to improving maternal health. In order to have a viable and functioning referral system, it has to be addressed holistically at the primary and secondary health-care levels. Active community involvement at the grass-roots level of communities is essential for enhancing the effectiveness of the referral system. Reproductive health service delivery must ensure proper counselling to facilitate change in the attitudes and behaviours of clients. The lack of appropriate counselling strategies along with information, education and communication materials has been a deterrent to achieving effective behavioural change. The logistics system for contraceptive delivery is inefficient and ineffective. Contraceptives are virtually unavailable in the peripheral health facilities. Lack of programmatic support for infertility may have created some insecurity among some populations.

18. The professional village midwives are the backbone of the maternal health programme. They constitute the most effective and efficient vehicle for providing basic reproductive health services and information, particularly in rural communities. As such, more midwives need to be recruited, and current and new midwives properly trained. The mandate of the midwives also needs to be broadened to include the provision of contraceptives, and efforts need to be made to remove the legal, cultural and economic barriers that prevent midwives from providing essential services.

19. The income-generating activities supported by UNFPA and other parties have been successful in term of the rate on loan recoveries. These initiatives are in the process of documenting the link between the loan beneficiaries and reproductive health services either as users or as advocators. Initial findings show promising results in enhancing women's ability to utilize reproductive health services and protecting children from dropping out of school.

20. Civil society organizations have played a vital role in promoting reproductive health services, particularly at the grass-roots level. These organizations have been instrumental in empowering women to receive educations, earn income and utilize reproductive health services. Partnership between international and national NGOs has proven to be beneficial in enhancing the delivery of reproductive health services. Various modalities of cooperation between the Government and NGOs need to be promoted.

21. The bottom-up approach adopted in the formulation of the national population policy proved to be well-suited for creating an environment that is conducive to policy dialogue. Such approaches might be more effective for overcoming the reluctance of policy makers to openly support family planning

among their respective constituencies. When properly informed and trained, religious leaders have proven to be effective advocates for change.

22. Lack of targeted reproductive health services for youth and adolescents is evident. Youth and women's organizations at the grass-roots level, where they exist, are weak. Such organizations need to be identified and empowered to sustain their activities to effectively raise awareness of reproductive health issues in rural communities. Effective advocacy requires organizing and harmonizing the efforts of community advocators, who have been effective change agents.

23. The strategy of integrating population and reproductive health issues into the curricula of short courses at the University of Gezira proved to be an effective and sustainable means to enhance the awareness and understanding of the government officials who enrolled in these courses.

24. The Ministry of International Cooperation has played a key role in coordinating UNFPA-supported activities with various government agencies. Coordination among various line ministries, however, remains a major challenge for effective implementation of population policies and programmes. Different modalities for strengthening coordination need to be explored and instituted.

Other external assistance

25. UNFPA is the prime source of external assistance in the area of population and reproductive health. There are no bilateral agencies working in development in Sudan. UNICEF has contributed $1.25 million to the Safe Motherhood programme over the past five years to train professional village midwives, provide midwifery kits and rehabilitate the midwifery training schools. WHO is contributing $75,000 to the same programme in the current biennium (2000-2001). The David and Lucile Packard Foundation contributed $600,000 through an international NGO for the family planning programme for 1998-2001. The International Planned Parenthood Federation, through the Sudan Family Planning Association, is providing family planning support worth $4 million, of which $400,000 was earmarked for contraceptives for a period of five years.

26. Comparative advantage of UNFPA. UNFPA has made a substantial contribution in creating and disseminating knowledge about reproductive health in Sudan and has made strides in moving the population agenda forward. Through its field-based experience and practical, effective monitoring and evaluation system, UNFPA has helped to support sound programming by the Government at national and state levels. UNFPA has strongly positioned itself to work with the Government and NGOs in dealing with the country's reproductive health problems. UNFPA enjoys very high credibility in the eyes of the Government, other United Nations agencies, donors and NGOs.

27. UNFPA has been virtually the sole source of technical and financial support for reproductive health and population programmes in Sudan; bilateral donors and other United Nations agencies are funding only humanitarian interventions. UNFPA has a special strategic advantage in the area of HIV/AIDS and gender issues. UNFPA has provided leadership to the United Nations theme group on HIV/AIDS for the past two years and to the gender task force for one year. The entry point for HIV

interventions is management of STIs in which UNFPA has longstanding experience. UNFPA also has access to national, regional and international experts in reproductive health, population and development strategies and advocacy with many years of experience in Sudan.

Proposed programme

28. In line with the overall United Nations goal in Sudan noted in paragraph 3 above, the proposed UNFPA programme would support reproductive health services and advocacy for reproductive rights and quality reproductive health services, building on past experience and achievements. The major thrust of the programme would be on reduction of maternal mortality through an integrated reproductive health programme including provision of emergency obstetric care, contraceptives services, management of reproductive tract infections, prevention and care of HIV/AIDS, and prevention of FGM. The support for population and development strategies would primarily be for building the capacity of national institutes in coordinating population and development policies; conducting census and surveys; establishing a reliable database and community-based health information system for programme management and monitoring; and teaching graduate and postgraduate courses in reproductive health and population.

29. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to improved use of quality reproductive health services and information, particularly by adolescents, youth, the internally displaced and refugees. The reproductive health outputs would focus on the availability and quality of reproductive health services in the following areas: (a) family planning to reduce unwanted pregnancies; (b) management of pregnancy and delivery complications through early recognition of complications; (c) safe and clean delivery and postpartum care; (d) management of life-threatening complications; (e) prevention of STIs, including HIV/AIDS; (f) prevention of FGM and management of its complications; (g) improvement of the nutritional status of women; (h) improvement of adolescent health; and (i) prevention, diagnosis and management of infertility.

30. Strengthening the national human resource capacity to manage and deliver quality health-care service at all levels is fundamental to realize the broader health goals of the programme. In the case of family planning, the subprogramme would work to increase contraceptive prevalence rates through improving the commodities logistics system; increasing the supply and demand for contraceptives; widening contraceptive choices; and improving counselling skills.

31. The role of the professional village midwives would be enhanced through competence-based training and retraining; $2 million would be earmarked for the training of 7,000 additional midwives and the rehabilitation of midwifery schools. This effort would complement the President's initiative of expedited training of professional village midwives for which the Government has earmarked $400,000 for the current fiscal year. Similarly, other health workers providing emergency obstetric services would receive further training in lifesaving skills. The referral system for women with complications from pregnancy and delivery, particularly in remote and difficult areas, would be improved through community involvement and provision of ambulances.

32. UNFPA would support the Government in combatting the spread of HIV/AIDS. This support would include strengthening the national and state-level health departments in charge of HIV/AIDS to plan and manage the programme effectively; strengthening HIV/AIDS laboratories; screening blood for transfusion; and training service providers.

33. Intensive educational, information and counselling activities would be supported to change attitudes and behaviours concerning FGM. This would include training of health-care providers and community, tribal and religious leaders on the harmful effects of FGM. Training activities would be complemented by work under the advocacy subprogramme and through UNICEF and WHO.

34. Improvement of the nutritional status of women during and following pregnancy would be a priority since a large proportion of women are anaemic. A special anaemia prevention programme based on appropriate counselling and distribution of iron-folate tablets will be undertaken for pregnant women and adolescent girls.

35. Adolescents and youths have special reproductive health needs, which need targeted counselling and services. Integrated reproductive health services would ensure that the special needs of adolescents and youths are met through quality care and counselling. Special attention would be given to STI and HIV/AIDS awareness and services as well as to education and advocacy towards the elimination of FGM. Additionally, peer education programmes through peer groups, Boy Scouts and Girl Guides would be included in the proposed programme.

36. Women's economic and decision-making abilities would be enhanced through innovative skills-building activities as part of income-generating initiatives to ensure their enhanced participation in reproductive health services and higher awareness of their reproductive rights. This would be achieved through funding microcredit projects undertaken by women's groups and linking those projects with reproductive health clinics and activities. The subprogramme would undertake activities to build the capacity of community-based organizations in order to enable them to work more effectively in reproductive health areas at the grass-roots level. The proposed programme would also adopt strategies to increase male involvement in promoting reproductive health services.

37. Reproductive health commodity security. To reach a contraceptive prevalence of 15 per cent by 2006, an estimated $14 million worth of contraceptives would be required. The proposed UNFPA programme would earmark $2.5 million for contraceptive procurement and would seek funds from donor countries to bridge the gap. The support would also include long-term technical assistance in strengthening the reproductive health commodity logistics system.

38. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to an integrated population policy that reflects the effects on national development and sector policies, plans and programmes of such factors as migration; labour force requirements; environmental safety; the health-care needs of women, adolescents, youth and older populations; and ethnic conflicts. Support would be provided to interested population institutes to build their capacities in integrating population and gender issues into national and state plans.

39. The programme would strengthen the capacity of leading research institutes to carry out social science research in population and development issues and to incorporate ICPD indicators into the Government's plans. Research will be supported that has a direct impact on enhancing the understanding of policy makers on the interrelationship among various population attributes and development indicators. Support would be provided to universities to introduce and improve reproductive health and population curricula and training materials.

40. The UNFPA country programme would address the strengthening of the national integrated information system and the health information system in order to allow decision makers at various line ministries to make decisions based on appropriate and reliable information. Partial support would be provided for the fieldwork of the Pan-Arab Family Health Survey (PAPFAM) and technical assistance for the 2003 census. Support would also be provided to establish a functioning community-based data collection and reporting system.

41. Advocacy subprogramme. The purpose of the advocacy subprogramme is to create an improved environment conducive to reproductive health, reproductive rights and gender issues. The programme would undertake advocacy activities nationally and in selected states in support of reproductive health services, reproductive rights, gender issues and the empowerment of women. State and community level (both government and NGO) advocacy initiatives would be promoted in order to create bottom-up support for population and gender-related policies. Increased debate on priority population, reproductive health and gender issues and the involvement of inter-faith groups and legislators would be encouraged. Finally, increased participation of youth in population, reproductive rights and gender issues, including FGM, would be promoted.

42. Mainstreaming gender issues. The Government is committed to mainstreaming gender issues into the national development agenda. UNFPA would provide technical assistance to strengthen the Government's effort to build greater gender equality and equity and to support the empowerment of women. The proposed programme would support civic organizations, including NGOs, in lobbying for increased women's participation in decision-making bodies. The budget for gender mainstreaming activities would come from all three subprogrammes.

43. Programme strategies. Some key strategies for programme success in Sudan are common to all UNFPA-assisted programmes. National capacity building would be addressed within each subprogramme. Partnerships would also be forged with international NGOs to bring additional resources to the country and to build the capacity of local NGOs. One important strategy is grass-roots participation in project design, implementation, monitoring and evaluation. In Sudan, UNFPA has begun this process through involving state-level stakeholders in identifying their needs in reproductive health and population issues.

44. Balancing resources among the priority states is an important policy strategy in Sudan that UNFPA began in the second phase of the current country programme and would continue in the proposed programme. The Government and UNFPA have identified the priority states for future UNFPA support in Sudan based on objective indicators from the safe motherhood survey. UNFPA

would ensure equitable distribution of resources among these states and would advocate for similar resource distribution by other United Nations and donor agencies and the Government.

45. The experience of UNFPA over the years lends support for embarking on more effective and efficient programming in Sudan than previously practiced. This would include gradually eliminating the paying of subsidies to government project staff; sharing operational and maintenance costs by the executing and implementing agencies; improving budgeting of programme expenses; enhancing monitoring to ensure efficient use of project resources; and awarding projects based on results to be achieved by the executing and implementing agencies. Personnel costs are proposed at 15 per cent of the total budget, down from 22 per cent in the previous programme. The proposed programme would seek increased involvement of the coordinating ministry in monitoring and evaluating.

Programme implementation, coordination, monitoring and evaluation

46. The fourth country programme will be executed and implemented in conjunction with the federal Ministry of Health and various other federal and state-level governmental bodies, national institutions of higher learning, and national and international NGOs. UNFPA would execute the procurement, technical assistance, fellowships, overseas training and study tours, monitoring and evaluation, and other areas that would be considered efficient and practical.

47. A joint steering committee would be established to oversee the formulation, implementation, monitoring and evaluation of the subprogrammes and projects to be developed within the country programme. Relevant line ministries, civic organizations, state governments, UNFPA and other United Nations agencies would be represented in the committee, which would meet every six months to review the results, identify facilitating and deterring factors to implementation, and overcome barriers to achieving results.

48. The subprogrammes and projects would receive management and technical support from the UNFPA country office through the Country Technical Services Team (CST), long- and short-term national and international consultants, National Professional Project Personnel (NPPP) and United Nations Volunteers or junior professional officers.

49. A detailed monitoring and evaluation guideline was developed by the UNFPA country office during the second phase of the current programme cycle. This guideline has been field-tested in several states and is being updated to fit the needs of the new country programme. The benchmark for each indicator has been selected after careful consideration of what can realistically be achieved within a five-year programme period. Data sources and frequency of collection have been defined and a database at the UNFPA country office is being established to monitor progress in a timely fashion. Project staff, including senior staff from the executing and implementing agencies, would be trained in the monitoring and evaluation system.

50. The proposed country programme would have a quasi-experimental evaluation design with UNFPA-input states serving as the intervention areas and non-UNFPA-input states being the control

areas. Data to monitor and evaluate the new country programme would include vital registration using community health promoters, professional village midwives and/or traditional birth attendants, who regularly visit the homes of the target population and record important events such as births and deaths; routine programme statistical reports; community surveys, including PAPFAM; and monitoring visits by implementing and executing agencies, the coordinating ministry and NPPPs.

Recommendation

51. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Sudan as presented above, in the amount of $13.5 million for the period 2002-2006. Of the total, $11.0 million would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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